Town of Maynard, MA Capital Project Request Form

Department: Please Pick One Contact Person:	Date Prepared: Contact Phone Number:	
Project Title:		
Fiscal Year Request:	Priority Category (see	e definition below): Please Pick One
Description:		
Situation (how did this project need co	ome about):	
What alternatives were consid	ered and why were they	rejected?:
Can other departments in May	nard use this capital iter	m?:
Risk of not doing this project?	:	
Need Arises From: Compliance w/ State or Federal Law New Program based on documented Elimination of public health/safety pro	demand Display	Elimination of liability exposure Expanded program based on documented demand. Cost savings or avoidance in existing program Replace Existing Capital Asset
Financial Information: Amount being requested: \$ Par	tial Funding Y/N, Y or N	if Y, how much: \$, and source:
Basis for Cost Estimate (please attach Firm Outstation Dept Estimate	additional information): Contractor E Other	Estimate
Expected Life of Item or Project:	Expect Resid	ual Value \$
Will the Capital Purchase replace som New Replacement	ething that currently pro	vides the function or will it provide a new function?
If replace, please state the age (yr of preplaced (mileage for vehicles, version		and other pertinent information about the item being Residual Value: \$
Impact on Operating Cost of the Depa	rtment: No Impact	
Explain Impact:		
Submitted By: Title:		Date:
Definitions of Categories: Category 1: Projects that can NOT be Category 2: Projects which should be		years in order to meet anticipated public need.

Category 3: Projects which are needed to meet documented new or expanded public demands **Category 4:** Projects that can easily be postponed or eliminated from immediate consideration